



Dodgeball Tournament Registration Form

TEAM NAME _____

Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

***By signing below, you accept the wavier of liability above.**

TEAM CAPTIAN		PLAYER 2	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 3		PLAYER 4	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 5		PLAYER 6	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 7		PLAYER 8	
NAME	M F	NAME	M F
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	
PLAYER 9		PLAYER10	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, ZIP		CITY, ZIP	
PHONE	EMERGENCY PHONE	PHONE	EMERGENCY PHONE
E-MAIL		E-MAIL	
SIGNATURE		SIGNATURE	

Total Paid _____ Check# _____ Charge _____ Cash Accepted _____ Date _____

